

CERTIFICATION REQUEST FORM

DATE: _____

I am requesting a certification of my licensing records to be sent to the State of _____.
The following is information needed to properly insure that my records are pulled to obtain the certification:

My full name: _____

My current address: _____

My birth date: _____ Phone #: _____ Social security number: _____ - _____ - _____

I hold a license as: _____ and my PN# is: _____ (the number in the box just above your picture)

_____ Cosmetologist

_____ Hair designer

_____ Manicurist

_____ Aesthetician

_____ Electrologist

_____ Instructor

My license expires: _____

Other names I've used are: _____

I don't have a license, but I do want a certification of my hours in Nevada: _____ YES/NO

The name of my beauty school: _____ City: _____

Dates attended: _____ Approximate hours: _____ Date examined: _____

Enclose the \$10.00 fee for the certification. (**Money orders, cashier's check, and business checks only**).
NO PERSONAL CHECKS OR CASH

Signature: _____